

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09-462633 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1		1	
2	1		1	
3	1		1	
4	1		1	
5	1		1	
6	1		1	
7	1		1	
8	1		1	
9	1		1	
10	1		1	
11	1		1	
12	1		1	
13	3		1	
14	1		1	
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50				
TOTAL IND.	3		3	
TOTAL DEP.	14	↔	12	↔
TOTAL CLAIMS	17	[REDACTED]	15	[REDACTED]

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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